08548

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (147-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Trenton

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 18 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Dorchester

City or town: Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Trenton
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Anna Marietta Airey

3. (b) Social Security Number: 214-10-0952

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: W. Franklin Airey

6(c) If alive, give age: 25 years

7. Birth date of deceased (mo., day, yr.): Jan 15, 1922

8. AGE: Years: 18 Months: 6 Days: 22 If less than one day: hrs. min.

9. Birthplace: Cambridge Md.
(Town, county and state)

10. Usual occupation: Worked in Canning House

11. Industry or business

FATHER
12. Name: Charles Hodde
13. Birthplace: Cambridge Md.

MOTHER
14. Maiden name: Lillian Hughes
15. Birthplace: Cambridge Md.

16. Informant: Mrs Lillian Hodde
Address: Cambridge Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Aug 8, 1940 (month) (day) (year)

Cemetery or crematory: Cambridge Cemetery

Location: Cambridge Md.

18. Funeral director: Frank E. Albaugh
Address: Cambridge Md

19. Aug 8, 1940 19 (Date rec'd by registrar) Dr. John Meace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 6th 1940, at 9 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 5th 1940, to Aug 6th 1940 and that I last saw her alive on Aug 6th 1940

Immediate cause of death: Uterine Thrombosis

Due to: Unknown

Due to: Unknown

Other conditions: None
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Delivery of Dead full Term Male Child from Strangulation of Cord
Of autopsy:

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: [signature] M.D.
M. D. or other

Address: Cambridge Md. Date signed: Aug 6/4

VS A15 (T) (1) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08549

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge (If outside city or town limits, write RURAL NEAR and give town) WITHIN CORPORATE LIMITS

Street address, hospital, or institution: Trunton St

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md County Dorchester

City or town Cambridge Md Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. Trunton St. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Gerald Airey

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 5 1940

8. AGE: Years — | Months — | Days — | If less than one day hrs. min.

9. Birthplace Cambridge Md (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER 12. Name Wm. Franklin Airey

FATHER 13. Birthplace Cambridge Md

MOTHER 14. Maiden name Maretta Hodde

MOTHER 15. Birthplace Cambridge Md

16. Informant Mrs Wm Guy Burton

Address Cambridge Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 6 1940 (month) (day) (year)

Cemetery or crematory Cambridge Cemetery

Location Cambridge Md

18. Funeral director Frank E. Albaugh

Address Cambridge, Md

19. 8-6 1940 John Fraser Jr. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 5th 1940 M

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from Aug 5th 1940 to Aug 5th 1940 and that I last saw deceased alive on Aug 5th 1940

Immediate cause of death Pneumonia (Entire interval should be stated) one week

DURATION

Due to Streptococcal Infection of the Meninges

Due to Cerebro Spinal

Other conditions Delayed Labor (Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M.D. or other

Address Cambridge Md Date signed Aug 6 1940

RECEIVED
SEP 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08550

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Dorchester
City or town: Cambridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Easton Shore State Hospital
Stay in hospital or inst. (yrs., or mos., or days): July 2 1936
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Wicomico
City or town: Salisbury Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: un Known
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME Nettie Arvey

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	divorced

B (b) Name of husband or wife: Dock Arvey
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 13th 1896

8. AGE: Years	Months	Days	If less than one day
44	2	16	hrs. min.

9. Birthplace: Salisbury Wicomico Md
(Town, county, and state)
10. Usual occupation: house work
11. Industry or business
FATHER 12. Name: William Davis
13. Birthplace: Salisbury
MOTHER 14. Maiden name: Elizabeth Wainwridge
15. Birthplace: Salisbury.
16. Informant: Hospital Records
Address: Cambridge Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 1. 1940 (month) (day) (year)
Cemetery or crematory: Wango Cem.
Location: Wango. Md. Neg Salisbury Md
18. Funeral director: Holloway & Walter R. Holloway
Address: Salisbury, Md.
19. 9-30 1940 (Date rec'd by registrar) John Deacon Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 29th 1940, at 6:40 p.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 23rd 1940, to Aug. 29th 1940, and that I last saw h alive on Aug. 29th 1940

Immediate cause of death	DURATION
Cerebral Thrombosis	6 days
Due to: general Paresis	about 1936
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Injured at work?

23. SIGNATURE: Charles V Taylor M.D.
M. D. or other
Address: Cambridge Date signed: Aug. 29th

RECEIVED
SEP 4 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08551

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge R.F.D. Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, Institution, or street address where death occurred: Cambridge R.D.

How long in hospital or institution? ~~Life~~

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Cambridge R.F.D. Md

(If outside city or town limits, write RURAL and give nearest town)

Street No. ✓

(If rural, give LOCATION)

2.(a) If veteran, name war ✓

3. (a) FULL NAME Ella Virginia Bennett

3. (b) Social Security Number ✓

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Robert H. Bennett

Deceased

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): 3-17-1869

8. AGE: Years 71 | Months 4 | Days 23 | If less than one day ..... hrs. ..... min.

9. Birthplace: Dar Co. Md (Town, county, and state)

10. Usual occupation: House Wife

11. Industry or business: Home

FATHER

12. Name: John Wheatley

13. Birthplace: Md

MOTHER

14. Maiden name: Henrietta Palmer

15. Birthplace: Md

16. Informant: Mrs Earl Hickland

Address: Cambridge R.F.D. 3 Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8/12/40 (month) (day) (year)

Cemetery or crematory: Spedden

Location: James Md

18. Funeral director: G S L Concepts

Address: Cambridge Md

19. 8-12 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 10 1940 at 1:15 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Aug 6 1938, to Aug 10 1940 and that I last saw her alive on Aug 10 1940

Immediate cause of death: Lob. Cerebral thrombosis with paraplegia

Due to: Senile myocardial changes with auricular fibrillation

Due to:

Other conditions:

(Include pregnancy within 8 months of death)

DURATION

Major findings of operations: none

Date of op.

Autopsy results: No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: No Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: W M Law MD M. D. or other

Address: Cambridge Date signed: 8-11-40

RECEIVED
SEP 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-E)

CERTIFICATE OF DEATH

08552

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 (T)

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Eastern Shore State Hospital

Stay in hospital or inst. (yrs., or mos., or days) 1 year, 6 mo., 16 days

Stay in this community (yrs., or mos., or days) Same

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Rhodesdale Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Elijah James Brinsfield

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February ?, 1873

8. AGE: Years	Months	Days	If less than one day
67	6	?	hrs. min.

9. Birthplace Red Bank, Dorchester County, Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Agriculture

FATHER
12. Name William Brinsfield
13. Birthplace Dorchester County, Md.

MOTHER
14. Maiden name Mary Elizabeth White
15. Birthplace Dorchester County, Md.

16. Informant Hospital Records, State Hospital
Address Cambridge, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 1, 1940 (month) (day) (year)
Cemetery or crematory Green Lawn Cemetery
Location Cambridge, Md.

18. Funeral director G S Lecompte
Address Cambridge, Md.

19. Aug 31 1940 (Date rec'd by registrar) John Mace, Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 30 1940, at 2:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1 1940, to August 30 1940, and that I last saw him alive on August 30 1940.

Immediate cause of death	DURATION
Carcinoma of Sigmoid	About 1938
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Charles Naylor M.D.
M.D. or other
Address Eastern Shore State Hospital Cambridge, Maryland Date signed 8/30/40

RECEIVED
SEP 4 1940
BUREAU V. S.

08553

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Rural near Cambridge
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Eastern Shore State Hospital

Stay in hospital or inst. (yrs., or mos., or days) 1 month, 25 days

Stay in this community (yrs., or mos., or days) " " " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Marydel Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Margaret Cahall

3. (b) Social Security Number None

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Baird Cahall

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 11, 1859

8. AGE: Years 80 | Months 9 | Days 2 | If less than one day hrs. min.

9. Birthplace ? Delaware
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name ? Reid
13. Birthplace Unknown

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown

16. Informant Caroline County Welfare Board

Address Denton, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 18-40 (month) (day) (year)

Cemetery or crematory Greensboro

Location Greensboro Md.

18. Funeral director R. B. Rawlings

Address Greensboro Md.

19. 8-14 1940 John Tusce Jr.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 14 1940, at 4:20 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 19 1940, to August 14 1940, and that I last saw her alive on August 13 1940.

Immediate cause of death Cardiac hypertrophy and dilatation — DURATION 1 yr. 8 mo.

Due to General and coronary arterio-sclerosis

Due to Advanced age

Other conditions Senile psychosis more than 2 years
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles V Taylor M D
Charles V. Taylor, M. D. ~~or other~~

Address Cambridge, Maryland Date signed 8/14/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 4 1940
BUREAU V. S.

Dr. Myers

VS A15 (T) MARGIN RESERVED FOR BINDING (M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (191)

08554

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH:

County Dorchester

City or town Hurlock - Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 40 years

Hospital, institution, or street address where death occurred: Petersburg

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Hurlock - Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No. Petersburg
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Dinna C. Cephas

3. (b) Social Security Number None

4. Sex: Female

5. Color or race: Colored

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Richard Cephas

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): June 8, 1865

8. AGE: Years 75 | Months 1 | Days 28 | If less than one day ..... hrs. ..... min.

9. Birthplace: Virginia
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: Own Home

FATHER
12. Name: Edmund Richard
13. Birthplace: Virginia

MOTHER
14. Maiden name: Polly Key
15. Birthplace: Virginia

16. Informant: Mrs. Rebecca Hardy
Address: 1005 Waverly St., Philadelphia, Pa.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: August 8, 1940 (month) (day) (year)

Cemetery or crematory: Petersburg Cemetery

Location: Hurlock, Maryland, R.F.D.

18. Funeral director: J. J. Frampton and Son
Address: Federalsburg, Maryland

19. Aug. 7 1940 (Date rec'd by registrar) Chas. W. Hastings Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 6 1940, at 1:05 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 25 1940, to Aug 6 1940 and that I last saw her alive on 8/4/40 19

Immediate cause of death: Heat prostration + arteriosclerosis + Dysentery (due to Heat)

DURATION

Due to

Due to

Other conditions
(Include pregnancy within 6 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: G. Roger Myers M. D. ~~or other~~

Address: Hurlock, Md 8/7/40 Date signed

RECEIVED
SEP 9 1940
BUREAU V. S.

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(172)

08555

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Choptank River near Cambridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland - County: Caroline

City or town: Federalsburg
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Roger Noble Christopher

3. (b) Social Security Number: None

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Hilda Christopher

6.(c) If alive, give age: 32 years

7. Birth date of deceased (mo., day, yr.): Nov. 30" - 1905

8. AGE: Years: 34 | Months: 8 | Days: 25 | If less than one day: hrs. min.

9. Birthplace: Dorchester Co. Md.
(Town, county, and state)

10. Usual occupation: Manager Art Sign Display Co.

11. Industry or business: Sign & Show Window Work.

FATHER
12. Name: Garey Christopher
13. Birthplace: Dorchester Co. Md.

MOTHER
14. Maiden name: Lulu Bradley -
15. Birthplace: Caroline Co. Md

16. Informant: Mrs Hilda Christopher,
Address: Federalsburg. Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Aug. 30" 1940
(month) (day) (year)

Cemetery or crematory: Hill-Crest Cemetery

Location: Federalsburg - Md.

18. Funeral director: G. G. Frampton & Son.
Address: Federalsburg. Md.

19. Sept. 3rd 1940
(Date rec'd by registrar)
John Meace Jr.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 25' 1940, at 7-15-P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 —, to — 19

and that I last saw h — alive on — 19

Immediate cause of death: Drowning

Due to: Fell off boat in Choptank River

Due to: —

Other conditions: —

(Include pregnancy within 3 months of death)

DURATION: —

Major findings of operations: —

Date of op.

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of: Aug 25/40

Where did injury occur? near Cambridge - Md
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) in Choptank River

Means of injury: Fell off boat Injured at work? No

23. SIGNATURE: Jos. K. Shriver, Dep. Med. Exam.
M. D. or other

Address: Cambridge Md. Date signed: Aug 30/40

RECEIVED
SEP 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

08556

Reg. Dist. No. 1-4

1. PLACE OF DEATH:
County: Dorchester.
City or town: Linkwood- Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Dorchester.
City or town: Linkwood- Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Josiah Collins

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married.

6.(b) Name of husband or wife: Henrietta Collins
6.(c) If alive, give age: 69 years

7. Birth date of deceased (mo., day, yr.): 1868

8. AGE: Years	Months	Days	If less than one day
72.	6	28	..... hrs. ..... min.

9. Birthplace: Dorchester Co. Md.
(Town, county, and state)
10. Usual occupation: Farm laborer
11. Industry or business

FATHER
12. Name: Josiah Collins.
13. Birthplace: Dorchester Co. Md.

MOTHER
14. Maiden name: Marie Atkins.
15. Birthplace: Dorchester Co. Md.

16. Informant: Mrs Josiah Collins
Address: Linkwood- Md. R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 31"-1940 (month) (day) (year)
Cemetery or crematory: Vienna Cemetery-
Location: Vienna Md.
18. Funeral director: J. J. Frampton & Son.
Address: Federalsburg! Md.

19. Aug 31 1940 (Date rec'd by registrar) Mrs R. L. Trusheim Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 27" 1940 at 10-30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 1 1940, to Aug. 27 1940
and that I last saw h.. alive on 8/24 1940

	DURATION
Immediate cause of death: Myocardial Failure	1 day
Due to: Generalized arteriosclerosis	
Due to:	
Other conditions: Peripheral neuritis	8 mos.

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other
Address: Cambridge Md. Date signed: 8/29/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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SEP 5 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (122-C)

08557

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Cambridge Md Hospital

How long in hospital or institution? 2 Mo

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Cambridge R.F.D. #3

(If outside city or town limits, write RURAL and give nearest town)

Street No.: Thomas Md

(If rural, give LOCATION)

2.(a) If veteran, name war: —

3. (a) FULL NAME: Lula A. Cook

3. (b) Social Security Number: —

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: married.

6.(b) Name of husband or wife: Morrison Cook

6.(c) If alive, give age: 40 years

7. Birth date of deceased (mo., day, yr.): 7-19-1902

8. AGE: Years: 38 Months: — Days: 23 If less than one day: ..... hrs. ..... min.

9. Birthplace: Cambridge R.F.D. Day Co. Md (Town, county, and state)

10. Usual occupation: Post Master

11. Industry or business: —

FATHER

12. Name: J H Warfield

13. Birthplace: Md.

MOTHER

14. Maiden name: Nettie Larue

15. Birthplace: N.J.

16. Informant: J.H. Warfield

Address:

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 8/15/40 (month) (day) (year)

Cemetery or crematory: Speddeus

Location: Cambridge R.F.D. 1 James Md

18. Funeral director: G S Le Compte

Address: Cambridge, Md.

19. 8-15- 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 12 1940 at 11:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 13 1935 to Aug 12 1940 and that I last saw h[illegible] alive on Aug 12 1940

Immediate cause of death: Exhaustion following bowel obstruction — DURATION: 4 wks

Due to: Pneumococcal peritonitis — 7 wks

Due to:

Other conditions: Pregnancy - Delivered of normal full term child March 25, 1940 (Include pregnancy within 8 months of death)

Major findings of operations: (1) June 20, 1940 drainage for peritonitis (2) July 10. Bowel obstruction. Date of op.

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: — Injured at work? —

23. SIGNATURE: John Schneider M.D. M. D. or other

Address: Cambridge, Md Date signed: Aug 15, 1940

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SEP 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

08558

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 220 B Muir St

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 2½ hours

WITHIN CORPORATE LIMITS OF

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Ward No. 2
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Muir St
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Infant Cornish

3. (b) Social Security Number

4. Sex: male

5. Color or race: color

6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) August ~~July~~ 12 1940

8. AGE: Years | Months | Days | If less than one day 5 hrs. min.

8. Birthplace Cambridge Md
(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name George Cornish
13. Birthplace Cambridge Md

MOTHER
14. Maiden name Leila Hankett
15. Birthplace Chaney Md

18. Informant George Cornish

Address 220 B Muir St

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof Aug 14, 1940
(month) (day) (year)

Cemetery or crematory At home

Location 220 B Muir St. Cambridge

18. Funeral director Geo. Cornish (father)

Address 220 B - Muir St. Cambridge

19. 8-14 1940 John Meade Jr.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH ~~July~~ August 13 1940, at 3:30 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ~~July~~ August 12 1940, to ~~July~~ August 13 1940, and that I last saw him alive on ~~July~~ August 13 1940.

Immediate cause of death: Premature (4½ month)

DURATION: 8-12-40

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Carroll M St Clair Mtr
M. D. or other

Address Ann & Cedar Sts Date signed 8·13·40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 4 1940
BUREAU V. S.

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-B)

08559

CERTIFICATE OF DEATH

Reg. Dist. No. 140

1. PLACE OF DEATH:
County: Dorchester
City or town: Beulah
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 19- years
Hospital, Institution, or street address where death occurred:
How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Dorchester
City or town: Beulah
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Elijah Eugene Coulbourne

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife: Linda Coulbourne
8.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 18" 1852

8. AGE: Years	Months	Days	If less than one day
88	4	12	hrs. min.

9. Birthplace: Dorchester Co. Md.
(Town, county, and state)
10. Usual occupation: Retired Farmer
11. Industry or business: Farming

FATHER
12. Name: Elijah Coulbourne
13. Birthplace: Sussex Co. Del.

MOTHER
14. Maiden name: Mary Ann Perry
15. Birthplace: Dorchester Co. Md.

16. Informant: Miss Elsie Coulbourne
Address: Hurlock. Md. R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 2" 1940 (month) (day) (year)
Cemetery or crematory: Washington Cemetery
Location: Hurlock Md.

18. Funeral director: S.J. Frampton & Son
Address: Federalsburg. Md.

19. Sept 2nd 1940 Chas W Hastings
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 30 1940 H.D. at 9-25 P.- M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 15 1940, to 8/30 1940
and that I last saw him alive on 8/30/40 1940

Immediate cause of death: Chronic Brights Disease and Arterio Sclerosis — DURATION

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: G Roger Myers M. D. or other
Address: Hurlock Md. Date signed 8/31/40

RECEIVED
SEP 9 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(8)

08560

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 28 Well St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Ward No. 2

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 28 Well St

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Stillborn Cromwell

3. (b) Social Security Number —

4. Sex: female

5. Color or race: colored

6. (a) Single, married, widowed, or divorced: single

6(b) Name of husband or wife —

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): August 26 1940

8. AGE: Years | Months | Days: Stillborn

If less than one day ____ hrs. ____ min.

9. Birthplace: Cambridge Md (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER

12. Name: Edward St Clair

13. Birthplace: Cambridge Md

MOTHER

14. Maiden name: Tillie Cromwell

15. Birthplace: Cambridge Md

16. Informant: Tillie Cromwell

Address: 28 Well St Cambridge Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 26, 1940 (month) (day) (year)

Cemetery or crematory: at home

Location: 28 Well St. Cambridge

18. Funeral director: Edw. St. Clair

Address: Cambridge, Md.

19. Aug. 26 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 26 1940, at 7:05 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Stillborn 19__, and that I last saw h____ alive on ____ 19__.

Immediate cause of death: Stillborn (premature 4 m) — DURATION: 8-26-40

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Carroll M St Clair MD (M. D. or other)

Address: Pine & Cedar Sts Date signed 8-26-40

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SEP 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 153 — Reg. Dist. No. 12

CERTIFICATE OF DEATH

08561

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) County: Dorchester
(b) City or town: Vienna (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days):
(e) Length of stay in this community (yrs., mos., or days): 22 days

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State: Md. (b) County: Dorchester
(c) City or town: Vienna Rural (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Robert Henry Farrare (Denby)

3 (b) If veteran, name war:

3 (c) Social Security No.:

4. Sex: male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife:

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): July 26, 1940

8. **AGE:** Years | Months | Days: 22 | If less than one day: ____ hr. ____ min.

9. Birthplace: Vienna (Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER 12. Name: Henry Farrare
FATHER 13. Birthplace: Vienna Md.

MOTHER 14. Maiden Name: Gertrude Denby
MOTHER 15. Birthplace: Vienna Md.

16 (a) Informant: Mary Denby
(b) Address: Vienna Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 18, 1940 (month) (day) (year)
(c) Cemetery or crematory: Vienna Colored Cemetery
Location: Vienna

18 (a) Funeral director:
(b) Address:

19 (a) Aug 17-40 (Date rec'd by registrar) (b) Elizabeth T. Graff Local Registrar

MEDICAL CERTIFICATION

20. Date of death: Aug. 17 1940, at 10:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 16 1940, to Aug. 17 1940, and that I last saw him alive on Aug. 16 1940

Immediate cause of death	Duration
Sepsis due to impetigo contagiosa	1 week
Due to	
Due to	
Other conditions: Malnutrition (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Lawrence Maryanov, M.D. (M.D. or other)
Address: Vienna, Md. Date signed 8/17/40

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SEP 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08562

1. PLACE OF DEATH

County Dor. Registration Dist. No. 110

Village or City Reeds Grove Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Still born Dennis If U. S. Veteran, specify WAR

(a) Residence: No. ___ St., ___ Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE C

5. ~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ (write the word) Still born

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 8-21-40

7. AGE Years — Months — Days — If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) —

FATHER

13. NAME Elwood Dennis

14. BIRTHPLACE (city or town) (State or country) Reeds Grove Md.

MOTHER

15. MAIDEN NAME Warneda Smallen

16. BIRTHPLACE (city or town) (State or country) Reeds Grove Md

17. INFORMANT (Address) Elwood Dennis

18. BURIAL, CREMATION, OR REMOVAL Place Reeds Grove Date Aug 21, 1940

19. UNDERTAKER (Address) Elwood Dennis Father

20. FILED Aug 21, 1940 Chas W. Hastings Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Still born 8-21 (Month) (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 8-21, 19—, to 40, 19

I last saw h— alive on —, 19; death is said to have occurred on the date stated above, at — m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset

Other Contributory Causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of Injury —, 19

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) [signature] M. D.

(Address) Hurlock Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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SEP 9 1940
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (49-1)

CERTIFICATE OF DEATH

08563

Reg. Dist. No. 11 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Dorchester
City or town: Cambridge, R.2 D.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 13 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Dor
City or town: Cambridge R2D Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Annie Blanche Gillis

3. (b) Social Security Number:

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widowed
8 (b) Name of husband or wife: George B. Gillis
6(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): Mar 24-1866
8. AGE: Years: 74 Months: 5 Days: 7 If less than one day: hrs. min.
9. Birthplace: Dor. Co. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business
FATHER 12. Name: Wm. J. Harley
13. Birthplace: Dor. Co.
MOTHER 14. Maiden name: Caroline Stevens
15. Birthplace: Dor. Co.
16. Informant: Raymond Gillis
Address: Cambridge.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 30-1940 (month) (day) (year)
Cemetery or crematory: East New Market
Location: East New Market, Md.
18. Funeral director: Kenneth R. Thomas
Address: Cambridge, Md
19. 8-30 1940 (Date rec'd by registrar) John Meade Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 28 1940, at 9:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 17 1940, to Aug 28 1940, and that I last saw h alive on Aug 28 1940.

Immediate cause of death	DURATION
Epithelioma of Right ovary with generalized abdominal and liver metastasis.	?
Due to Intestinal obstruction	Aug 28. 1940
Due to Cachexia	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: No Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Wesley M. Law M.D. M. D. or other
Address: Cambridge Md Date signed: 8-28-40

RECEIVED
SEP 4 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08564

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (837a)

County Dorchester — Registration Dist. No. 116

Village or City Fortmeck — Cambridge R.F.D. #2 — St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Martha J. Hollis — If U. S. Veteran, specify WAR

(a) Residence: No. R.F.D. #2 Cambridge Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	Colored	Widow

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Prichett Hollis

6. DATE OF BIRTH (month, day, and year) Oct 16 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) 1937 — 11. Total time (years) spent in this occupation 2 D.

12. BIRTHPLACE (city or town) Dorchester (State or country)

FATHER

13. NAME J. W. Wilson

14. BIRTHPLACE (city or town) Dorchester (State or country)

MOTHER

15. MAIDEN NAME Susanna Mackey

16. BIRTHPLACE (city or town) Dorchester (State or country)

17. INFORMANT Carroll M. Wilson (Address) Dorchester Co

18. BURIAL, CREMATION, OR REMOVAL Place Fortmeck Date Aug 20, 1940

19. UNDERTAKER Lewis H. Bayneum (Address) Cambridge Md

20. FILED Aug. 20, 1940 John Mace Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August 17, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from August 13, 1940, to August 17, 1940

I last saw h.. alive on August 16, 1940; death is said to have occurred on the date stated above, at 11:20 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8-13-40
Other Contributory Causes of importance: Gen. Hypertension	1938

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of Injury

Neture of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify —

(Signed) Carroll M. St Clair M. D.

(Address) Cambridge Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 6, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

08565

Reg. Dist. No. 113

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County Dorchester
City or town Taylor's Island
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution: Camp grounds, Ezec Memorial Chapel
Stay in hospital or inst. (yrs., or mos., or days) 1 day
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County
City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 219 Bruce St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Norman H. Hooper

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col.	married

6 (b) Name of husband or wife Emma Hooper
B(c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) Jan. 6, 1891

8. AGE:

Years	Months	Days	If less than one day
49	6	24	hrs. min.

9. Birthplace Taylor's Island Md
(Town, county, and state)
10. Usual occupation Laborer
11. Industry or business Steel mill
FATHER 12. Name Henry Hooper
13. Birthplace Md
MOTHER 14. Maiden name Caroline Cornish
15. Birthplace Md.
16. Informant Emma Hooper, wife
Address 219 Bruce St Baltimore
17. Burial Date thereof aug 8 1940 Md
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery ~~or crematory~~ Taylors Isld
Location Taylor's Island
18. Funeral director Lewis Baynum
Address Cambridge Md
19. Aug. 8 1940 J.R. Reed
(Date rec'd by registrar) Registrar
Local

MEDICAL CERTIFICATION

20. DATE OF DEATH August 5 1940, at 2-30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ——— 19—, to ——— 19—, and that I last saw —— alive on ——— 19—.

Immediate cause of death Coronary Occlusion — DURATION: Immediate
Due to —
Due to —
Other conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: —
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work? —

23. SIGNATURE Dr. K. Shriver, Dep. Med. Exam. M. D. or other
Address Cambridge Md Date signed Aug 6/40

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(94a)

CERTIFICATE OF DEATH

08566

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Hospital
Stay in hospital or inst. (yrs., or mos., or days) ½
Stay in this community (yrs., or mos., or days)
WITHIN CORPORATE LIMITS OF

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Eldiotts Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Olera Dayton Hurley

3. (b) Social Security Number none.

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife M. W. Hurley
6(c) If alive, give age 75 years
7. Birth date of deceased (mo., day, yr.) Jan 21 1869
8. AGE: Years 73 Months 7 Days If less than one day hrs. min.
9. Birthplace Md (Town, county, and state)
10. Usual occupation House work
11. Industry or business
MOTHER
12. Name Asbury Dayton
13. Birthplace Md
14. Maiden name Elizabeth Mc Allister
15. Birthplace Md
16. Informant M. W. Hurley
Address Elliotts
17. Burial (Burial, cremation, or removal? Which?) Date thereof Aug 7, 1940 (month) (day) (year)
Cemetery or crematory
Location Elliotts
18. Funeral director H. E. Willoughby
Address East New Market.
19. 8-5-1940 (Date rec'd by registrar) John Meade Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 5 1940, at P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 3 1940, to August 5 1940, and that I last saw her alive on August 5 1940.

	DURATION
Immediate cause of death Acute Myocardial Failure	8/4/40.
Due to Coronary Thrombosis	8-1/40
Due to Hypertensive cardio-vascular disease	?
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury injured at work?

23. SIGNATURE M. W. Hurley M. D. or Other
Address Cambridge Md Date signed 8/5/40

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48-a)

08567

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 321 Gay St
(IF IN CORPORATE LIMITS OF)
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 3 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge Ward No. —
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 321 Gay St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Nina Fisher Jackson

3. (b) Social Security Number 220-10-6353

4. Sex female | **5. Color or race** colored | **6. (a) Single, married, widowed, or divorced** married

6 (b) Name of husband or wife Clyde Jackson
6(c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) September 25 1894

8. AGE: Years 45 | Months 9 | Days 9 | If less than one day ____ hrs. ____ min.

9. Birthplace Vienna Md (Town, county, and state)
10. Usual occupation domestic
11. Industry or business Common industry

FATHER
12. Name Charles Pinkney
13. Birthplace Vienna Md

MOTHER
14. Maiden name Mary Fisher
15. Birthplace Vienna Md

16. Informant Clyde Jackson
Address Vienna Md

17. Burial Date thereof Aug 6 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Vienna
Location Vienna, Md.

18. Funeral director Lewis H Baynum
Address 201 Washington Cambridge Md

19. 8-6 1940 John Meaca Jr.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 4 1940, at 1 30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 30 1940, to Aug 4 1940, and that I last saw h— alive on Aug 3 1940

Immediate cause of death	DURATION
Carcinoma Cervix	1-1-40
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE Carroll M St Clair MD
M. D. or other
Address Gay & Eden St Date signed 8-7-40

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08568

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(107)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 24 High St.

Hospital, Institution, or street address where death occurred: ✓

How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Cambridge (If outside city or town limits, write RURAL and give nearest town)

Street No.: 24 High St. (If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME: Kate Florence Leonard

3. (b) Social Security Number: ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed.

6.(b) Name of husband or wife: James C Leonard Deceased

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): 3-23-1876

8. AGE: Years	Months	Days	If less than one day
66	4	18	..... hrs. ..... min.

9. Birthplace: Baltimore Md. (Town, county, and state)

10. Usual occupation: Home Wife

11. Industry or business: Home

FATHER
12. Name: Wm H Robbins
13. Birthplace: Md

MOTHER
14. Maiden name: Mary A Owens
15. Birthplace: Balto Md.

16. Informant: Mrs Raymond Ziegler

Address: Nur. Castle Del

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 8/13/40 (month) (day) (year)

Cemetery or crematory: Cambridge

Location: Cambridge Md

18. Funeral director: G S Le Compte

Address: Cambridge, Md.

19. 8-12 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 11 1940 at 2 P. M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Aug 4 1940, to Aug 11 1940 and that I last saw her alive on Aug 11 1940

Immediate cause of death: Broncho Pneumonia (Sleptococcus)

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations: none

Date of op.

Autopsy results: no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: no Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Guy Stutt M.D. M. D. or other

Address: Cambridge Md Date signed: 8/12 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13)

08569

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Dorchester
City or town: Madison
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Edwin Bell - Lumber Co. - check
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 2-1 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Dorchester
City or town: Madison Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: White Marsh Road
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Dock Mc Donald

3. (b) Social Security Number: 220-10-6250

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	col.	single

6 (b) Name of husband or wife:
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Feb. 2 1902

8. AGE: Years	Months	Days	If less than one day
38	6	17	hrs. min.

9. Birthplace: Whitesville - N. C.
(Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: Lumbering
FATHER 12. Name: unknown
13. Birthplace
MOTHER 14. Maiden name: unknown
15. Birthplace
16. Informant: James Simmons, Foreman at plant
Address: Madison - Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 30 (month) (day) (year)
Cemetery or crematory: Silent City
Location: Cambridge
18. Funeral director: Lewis H Bayne
Address: 201 Washington St
19. 8-30 1940 (Date rec'd by registrar) John Mace M. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 28 1940, at 2 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ——— 19—, to ——— 19—, and that I last saw h— alive on ——— 19—.

	DURATION
Immediate cause of death: Hemorrhage from Lungs	1 day
Due to: Tuberculosis - Pulm.	3-4 mos
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Jos. K. Shriver, Dep. Med. Exam. M. D. or other
Address: Cambridge Md Date signed: Aug 29 1940

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SEP 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

08570

Reg. Dist. No. 11 0

1. PLACE OF DEATH:
County Dorchester
City or town Hurlock – Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 87 years
Hospital, Institution, or street address where death occurred:
How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Hurlock – Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Eliza Jane Medford

3.(b) Social Security Number None

4. Sex	5. Color or Race	b.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife John Medford
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) December 17, 1852

8. AGE:

Years	Months	Days	If less than one day
87	8	6	..... hrs. ..... min.

8. Birthplace Dorchester County, Maryland
(Town, county, and state)
10. Usual occupation Housework
11. Industry or business Own Home
FATHER 12. Name Josiah Laird
13. Birthplace Dorchester County, Md.
MOTHER 14. Maiden name Louisa Carroll
15. Birthplace Dorchester County, Md.
16. Informant Woodrow Medford
Address Hurlock, Maryland, R.F.D.
17. Burial (Burial, cremation, or removal. Which?) Date thereof August 25 1940 (Month) (day) (year)
Cemetery or crematory St. Paul Cemetery
Location Near Williamsburg, Md.
18. Funeral director J. J. Trumpter and Son
Address Federalsburg, Maryland
19. Aug 25 1940 (Date rec'd by registrar) Chas W Harding Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 23 1940, at 3:30 p.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8/18 1940, to 8/23 1940
and that I last saw her alive on 8/18/40 1940
Immediate cause of death Myocarditis and Arteriosclerosis

	DURATION
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE G Roger Myers M. D. or other
Address Hurlock Md Date signed 8/25/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94E)

08571

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A16

1. PLACE OF DEATH:
County: Dorchester
City or town: Cambridge (If outside city or town limits, write RURAL NEAR and give town) WITHIN CORPORATE LIMITS #7
Street address, hospital, or institution: 134 Locust St.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 30 minutes

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Maryland County: Talbot
City or town: Easton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: 1st. World War.

3. (a) FULL NAME: Geo. D. Price

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife:
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec 28- 1890

8. AGE: Years	Months	Days	If less than one day
49	7	12	hrs. min.

9. Birthplace: Md. (Town, county, and state)
10. Usual occupation: Painter
11. Industry or business:

FATHER
12. Name: Wrightson Price
13. Birthplace: Md.

MOTHER
14. Maiden name: Frances Bartlett
15. Birthplace: Md.

16. Informant: Mrs. Geo. Twilley
Address: Easton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 13-1940 (month) (day) (year)
Cemetery or crematory: Spring Hill
Location: Easton, Md.
18. Funeral director: Jas. A. Spence
Address: Easton, Md.

19. 8-12 1940 (Date rec'd by registrar) John Meade Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 10 1940, at 8:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h__ alive on ____ 19__.

Immediate cause of death	DURATION
Angina Pectoris	1 day
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Jas. K. Shriver, Dep. Med. Exam. M. D. or other
Address: Cambridge Md. Date signed: Aug 12 1940

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SEP 8 1940
BUREAU V. S.

Dr. Frazier

VS A15 (T) MARGIN RESERVED FOR BINDING (M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

08572

CERTIFICATE OF DEATH

Reg. Dist. No. 111

1. PLACE OF DEATH:

County Dorchester

City or town Secretary
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Secretary
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME Alice Matilda Saunders

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife James N. Saunders

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) August 9, 1859

8. AGE:

Years	Months	Days	If less than one day
81	—	8	hrs. min.

9. Birthplace Anne Arundel County, Maryland
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business Own Home

FATHER
12. Name John Gambrill
13. Birthplace Talbot County, Maryland

MOTHER
14. Maiden name Ann Maria Clemoncy
15. Birthplace Talbot County, Maryland

16. Informant Mrs. Mattie Era

Address Secretary, Maryland

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof August 20 1940
(month) (day) (year)

Cemetery or crematory Washington Cemetery

Location Hurlock, Maryland

18. Funeral director J. J. Frampton & Son

Address Federalsburg, Maryland

19. Aug 20 1940 (Date rec'd by registrar) H. E. Parker Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 17 1940 at 8:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Saw her once 19 aug 17 1940 and that I last saw her alive on aug 17 1940

Immediate cause of death Cerebral hemorrhage

Due to Possibly High blood pressure

Due to

Other conditions —

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations —

Date of op. —

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? no

23. SIGNATURE L. G. Frazier M. D. or other

Address Hurlock Md. Date signed 8-19-40

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (74a)

CERTIFICATE OF DEATH

CB 08573

Reg. Dist. No. 110

1. PLACE OF DEATH:

County: Dorchester

City or town: Hurlock

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 mos.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Penna. County:

City or town: Philadelphia.

(If outside city or town limits, write RURAL and give nearest town)

Street No.: 1023 - W. Stella St.

(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3. (a) FULL NAME: Franklin W. Shupe

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Laura E. Shupe

6.(c) If alive, give age: 80 years

7. Birth date of deceased (mo., day, yr.): Nov. 11th. 1859

8. AGE: Years	Months	Days	If less than one day
80	9	3	....hrs. ....min.

9. Birthplace: Evansburg, Pa. (Town, county, and state)

10. Usual occupation: Carpenter

11. Industry or business: Building.

FATHER — 12. Name: Don't know " "

13. Birthplace

MOTHER — 14. Maiden name: Don't know " "

15. Birthplace

16. Informant: Mrs Eva M. Mower,

Address: Hurlock,

17. Burila (Burial, cremation, or removal. Which?) Date thereof: Aug. 17th. 1940 (month) (day) (year)

Cemetery or crematory: Mt. Peace Cemetery

Location: Philadelphia, Pa.

18. Funeral director: J.J. Framptom & Son.

Address: rederalsburg, Md.

19. Aug 16 1940 (Date rec'd by registrar) Chas W Hastings Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 14th. 1940, at 4-15-PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8/14 1940, to 8/14 1940

and that I last saw h[illegible] alive on 8/14/40 19....

Immediate cause of death	DURATION
Coronary Block & Angina Pectoris.	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: G Roger Myers M. D. or other

Address: Hurlock Md. Date signed: 8/16/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 30 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (108)

CERTIFICATE OF DEATH

08574

Reg. Diat. No. 111

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

County Dorchester.

City or town East New Market - Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 - yrs.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland - County Dorchester

City or town East New Market. Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME John Stewart.

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Widowed.

6.(b) Name of husband or wife Annie Stewart.

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Exact date no data 1862

8. AGE: Years 78 | Months - | Days - | If less than one day ..... hrs. ..... min.

9. Birthplace Dorchester Co. Md.

(Town, county, and state)

10. Usual occupation Farm Laborer

11. Industry or business Working on Farm.

FATHER 12. Name Joseph Stewart

13. Birthplace Dorchester Co. Md.

MOTHER 14. Maiden name No data

15. Birthplace " "

16. Informant Isaac Cornish.

Address Hurlock. Md. R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 14" 1940 (month) (day) (year)

Cemetery or crematory Jonestown Cemetery.

Location Jonestown, Md.

18. Funeral director E. S. Frampton, Son,

Address Federalsburg. Md.

19. Aug 14 1940 H E. Parker

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/11 1940, at 2 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8/8/40 1940, to 8/11 1940

and that I last saw him alive on 8/11/40 1940

Immediate cause of death	DURATION
Lobar Pneumonia	
Due to	
Due to	
Other conditions None	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H Roger Myers M. D. or other

Address Hurlock Md Date signed 8/12/40

RECEIVED
SEP 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

CERTIFICATE OF DEATH

08575

Reg. Dist. No. 11-2

1. PLACE OF DEATH:
County: Dorchester
City or town: Vienna
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Packing House J. Lang & Co.
Stay in hospital or inst. (yrs., or mos., or days): —
Stay in this community (yrs., or mos., or days): all his life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Dorchester
City or town: Vienna Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.:
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: George W. Venable Jr

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	widowed

6 (b) Name of husband or wife: Nettie May Sellers
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): October 14 - 1879

8. AGE:

Years	Months	Days	If less than one day
60	10	3	hrs. min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: Canning House
FATHER 12. Name: George W. Venable
13. Birthplace: Maryland
MOTHER 14. Maiden name: Mary A. Stokes
15. Birthplace: Maryland
16. Informant: Mrs. Walter I. Warner — daughter
Address: Cambridge Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof aug 20 1940 (month) (day) (year)
Cemetery or crematory: Cemetery
Location: East New Market
18. Funeral director: H. F. Willoughby,
Address: East New Market,
19. Aug 19 1940 (Date rec'd by registrar) Elizabeth R. Graff Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 17 1940, at 7-10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19—, to — 19—, and that I last saw h— alive on — 19—.

Immediate cause of death: Coronary Occlusion — DURATION: Immediate
Due to:
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: J. R. K. Strivers, Dep. Med. Exam. M. D. or other
Address: Cambridge Md. Date signed Aug 18 1940

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
SEP 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131 f)

CERTIFICATE OF DEATH

Reg. Dist. No. 111 08576

1. PLACE OF DEATH

County Dorchester

City or town Secretary
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) all Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Dorchester

City or town Secretary Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME J. Winfield Webster

3. (b) Social Security Number none

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Minnie Webster

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) aug 10 1871

8. AGE: Years 69 Months — Days 19 If less than one day ___ hrs. ___ min.

9. Birthplace Md. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Harrison Webster
13. Birthplace Md

MOTHER
14. Maiden name Martha Lankford
15. Birthplace Md

16. Informant Harrison Webster

Address Secretary

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 1 1940 (month) (day) (year)

Cemetery or crematory Cemetery

Location East New Market

18. Funeral director H. H. Willoughby

Address East New Market

19. 8/31 1940 (Date rec'd by registrar) H. E. Parker Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/29 1940, at 3 30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5/11/35 ~~8/29~~ 1940 to 8/29 1940, and that I last saw him alive on 8/29/40 19

Immediate cause of death	DURATION
Acute Cardiac Dilatation	— Sudden
Due to Chronic Myocarditis	1935
Due to	
Other conditions Chronic Nephritis (Include pregnancy within 3 months of death)	1935

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. K. Knotts M.D. M. D. or other

Address Federalsburg Md Date signed 8/31/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 6 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

08577

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 134 Mill St

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 3 yrs

WITHIN CORPORATE LIMITS OF

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland, County Dorchester

City or town Cambridge Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 134 Mill St

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Margaret A. Wilson

3. (b) Social Security Number ✓

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed.

6 (b) Name of husband or wife: George Wilson

Deceased

6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.): 9-21-1864

8. AGE: Years 75 | Months 10 | Days 20 | If less than one day ___ hrs. ___ min.

9. Birthplace: Lloyds Md — (Town, county, and state)

10. Usual occupation: Home Wife

11. Industry or business: Home

FATHER

12. Name: Wesley North

13. Birthplace: Md

MOTHER

14. Maiden name: Sallie Mitchell

15. Birthplace: Md

16. Informant: Mrs Lake North

Address: Cambridge, R.F.D. Md

17. Burial: (Burial, cremation, or removal. Which?) Date thereof 8/13/40 (month) (day) (year)

Cemetery or crematory: Harleigh

Location: Gallicanwood, N.J.

18. Funeral director: G S Le Compte

Address: Cambridge, Md

19. 8-12 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 11 1940, at 5:20 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 11 1940, to Aug 11 1940, and that I last saw her alive on Aug 11 1940.

Immediate cause of death	DURATION
Cerebral Haemorrhage	1 day
Due to Hypertension	1 yr.
Due to Arterio-sclerosis	1 yr
Other conditions ✓	

(Include pregnancy within 3 months of death)

Major findings: ✓

Of operations ✓

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ___ Date of ___

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ___ Injured at work?

23. SIGNATURE Jos. K. Shriver M.D. M. D. or other

Address Cambridge, Md Date signed Aug 12 1940

RECEIVED
SEP 4 1940
BUREAU V. S.

08578

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 114

1. PLACE OF DEATH:

County Dorchester

City or town Crapo
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Dorchester

City or town Crapo Wingate Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Biggie Elizabeth Wingate

3. (b) Social Security Number none

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Wm. T. Wingate

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Dec 23, 1866

8. AGE: Years 73 | Months 8 | Days 22 | If less than one day ____ hrs. ____ min.

9. Birthplace: Onancock Va.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Wm Ferris
13. Birthplace: Virginia

MOTHER
14. Maiden name: Clarissa Ferris
15. Birthplace: Virginia

16. Informant: Miles Wingate

Address: Crapo, Md

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof: Aug 23, 1940
(month) (day) (year)

Cemetery or crematory: Wingate Cemetery

Location: Wingate, Md.

18. Funeral director: Frank E. Albaugh

Address: Cambridge, Md

19. Aug 22 1940
(Date rec'd by registrar)

Mrs W. J. Cusick
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 22 1940, at 4 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 15 1940, to Aug 22 1940, and that I last saw her alive on Aug 21 1940.

Immediate cause of death: Cardio-renal-vascular disease

Due to

Due to

Other conditions: none

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy

DURATION: 30 yrs.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: None Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: none Injured at work? —

23. SIGNATURE: James W. Meade, M.D.
M. D. or other

Address: Fishing Creek, Md Date signed 8/22/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 3 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-)

08579

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester Co

City or town Golden Hill
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or insf. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Golden Hill Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Golden Hill, Md
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Laura Woolford

3. (b) Social Security Number none

4. Sex fear

5. Color or race color

6. (a) Single, married, widowed, or divorced widow

6 (b) Name of husband or Joseph Woolford

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 85 y Months 1 Days 22 If less than one day hrs. min.

9. Birthplace Golden Hill
(Town, county, and state)

10. Usual occupation House work

11. Industry or business none

FATHER
12. Name Salem Francis
13. Birthplace Maryland

MOTHER
14. Maiden name Katie
15. Birthplace Md

16. Informant Milan a Foster

Address Golden Hill Md

17. Aug 22 1940 Date thereof Golden Hill
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cemetery

Location Golden Hill

18. Funeral director Lewis Haynes

Address Cambridge Md

19. 8-21 1940 John Moore Jr
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 20 1940, at 7:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 23 1940, to June 23 1940, and that I last saw her alive on June 23 1940.

Immediate cause of death Tuberculosis of the Lung

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. H. Fawcett M. D. or other

Address Cambridge Md Date signed Aug 27 1940

RECEIVED
SEP 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-8)

CERTIFICATE OF DEATH

08580

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 414 Pine
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) all of life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 414 Pine St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Annie Young

3. (b) Social Security Number none

4. Sex female

5. Color or race Col

6. (a) Single, married, widowed, or divorced single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — — 1872

8. AGE: Years 68 | Months — | Days — | If less than one day hrs. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER 12. Name Jerry Young

13. Birthplace Maryland

MOTHER 14. Maiden name Caroline Bentah

15. Birthplace Maryland

16. Informant Jos. Young - nephew

Address 414 Pine St

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 30, 1940 (month) (day) (year)

Cemetery or crematory Silent City

Location Cambridge md

18. Funeral director Lewis H. Baynum

Address Cambridge md

19. 8-30 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 28 1940, at 1-15a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19—, to — 19—, and that I last saw h— alive on — 19—.

Immediate cause of death Chronic Nephritis — DURATION 5 yrs

Due to —

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr. K. Shriver, Dep. Med. Exam. M. D. or other

Address Cambridge Md Date signed Aug 29/40

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SEP 4 1940
BUREAU V. S.

08581

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge -
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: on Douglass St - behind 231 Pine Co

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 4

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Cambridge - Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Wells
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Lankford Young

3. (b) Social Security Number: 214-07-8703

4. Sex: male

5. Color or race: C

6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): July - 28 - 1909

8. AGE: Years: 31 Months: 0 Days: 24 If less than one day ____ hrs. ____ min.

9. Birthplace: Crapo - Maryland
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: —

FATHER
12. Name: George W. Young
13. Birthplace: Md

MOTHER
14. Maiden name: Beulah Hooper
15. Birthplace: Md

16. Informant: Beulah Young - mother

Address: Crapo - Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 25, 1940 (month) (day) (year)

Cemetery or crematory: Crapo Cemetery

Location: Crapo, Md

18. Funeral director: Lewis H. Bayneum

Address: Cambridge, Md.

19. 8-23 (Date rec'd by registrar) 1940 John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 22 1940, at 4 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h ____ alive on ____ 19__.

Immediate cause of death: Coronary Occlusion — DURATION: immediate

Due to: found dead on street no history of illness

Due to: ✓

Other conditions: ✓

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ✓ Cate of

Where did injury occur? ✓ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Jos. K. Shriver, Dep. Med. Exam. M. D. or other

Address: Cambridge Md Date signed: Aug. 23, 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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SEP 4 1940
BUREAU V. S.